

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) RIGHT WOMEN PAC			FEC IDENTIFICATION NUMBER ▼ C C00718841		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Ring Limited			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2020		
Mailing Address PO Box 207			Amount 15764.46		
City State Zip Code Dublin OH 43017		Transaction ID : SE.5297 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 14 / 2020			
Purpose of Expenditure Media Placement, Production and Creative		Category/Type 004			
Name of Federal Candidate HAGAN, CHRISTINA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: OH		
Calendar Year-To-Date Per Election for Office Sought 59097.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ring Limited			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2020		
Mailing Address PO Box 207			Amount 15764.46		
City State Zip Code Dublin OH 43017		Transaction ID : SE.5298 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 14 / 2020			
Purpose of Expenditure Media Placement, Production and Creative		Category/Type 004			
Name of Federal Candidate RYAN, TIMOTHY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: OH		
Calendar Year-To-Date Per Election for Office Sought 74861.46			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31528.92		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>DATWYLER, THOMAS, , ,</u>			Date M M / D D / Y Y Y Y Y Y 10 / 14 / 2020		

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NAME OF COMMITTEE (In Full) RIGHT WOMEN PAC		FEC IDENTIFICATION NUMBER ▼ C C00718841	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Ring Limited			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2020		
Mailing Address PO Box 207			Amount 21666.27		
City Dublin	State OH	Zip Code 43017	Transaction ID : SE.5299		
Purpose of Expenditure Digital Ads and Data		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2020		
Name of Federal Candidate HAGAN, CHRISTINA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 13 State: OH
Calendar Year-To-Date Per Election for Office Sought		21666.27	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Ring Limited			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2020		
Mailing Address PO Box 207			Amount 21666.27		
City Dublin	State OH	Zip Code 43017	Transaction ID : SE.5300		
Purpose of Expenditure Digital Ads and Data		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2020		
Name of Federal Candidate RYAN, TIMOTHY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 13 State: OH
Calendar Year-To-Date Per Election for Office Sought		43332.54	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43332.54
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	74861.46

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DATWYLER, THOMAS, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 14 / 2020

Signature